

EXHIBIT A

Registered No. RA 187 584 107 US		Date Stamp	
To Be Completed By Post Office	Reg. Fee \$ 7.50	Special Delivery	
	Handling \$ Charge	Return Receipt \$ 1.75	
	Postage \$ 2.44	Restricted \$ Delivery	
	Received by <i>SC</i>		
Customer Must Declare Full Value \$		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance <small>Domestic Insurance Is Limited to \$25,000. International Indemnity Is Limited (See Reverse)</small>	
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM <i>DAVID S. EAGLE</i>		
	TO <i>KLEAR, HARISON, HARVEY ET AL</i>		
	919 MARKET ST, SUITE 1000 WILMINGTON, DE 19801-3062		
TO <i>RS-COMPUTER</i>			
12 ELKLAND RD			
MELVILLE, NY 11747			

PS Form 3806, Receipt for Registered Mail (Customer Copy)
(See Information on Reverse)
June 2000

